

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7429
Registrar's No. 21

FILED MAR 11 1945

Primary Registration District No. 4388

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Caruthersville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community (Specify whether)
years, months or days

3. (a) PRINT FULL NAME CLARA MOONY ADAMS

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John W. Adams
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December 23, 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 6 2 4 hr. min.

9. Birthplace Tiptonville, Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

12. Name Edward Mooney
13. Birthplace U. K.
(City, town, or county) (State or foreign country)
14. Maiden name U. K.
15. Birthplace U. K.
(City, town, or county) (State or foreign country)

16. (a) Informant Jack Johnson
(b) Address Caruthersville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-1-42
(Month) (Day) (Year)
(c) Place: burial or cremation Little Prairie Cem.

18. (a) Signature of funeral director LaForge Und. Co.
(b) Address Caruthersville, Mo.
19. (a) 2-28-1942 (Date received local registrar) (b) Jessie M. Markey (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot
(c) City or town Caruthersville
(If outside city or town limits, write "RURAL")
(d) Street No. 503 Highland Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27th
year 1942 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from Feb 25 1942 to Feb 27 1942
that I last saw her alive on Feb 27 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 3 days

Due to Arteriosclerosis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature C. J. Cair (M. D. or other)
Address Caruthersville, Mo. Date signed 2/27/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

3-42-8

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

J. B. Schuman

Licensed Embalmer No. *4086*

P. O. Address

Cassatonsville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.